

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 254623	RECEIPT DATE:	03 / 11 / 99
IA NUMBER:	PCT/ IB97 / 01091	IA FILING DATE:	09 / 10 / 97
FAMILY NAME:	SHANAHAN-PRENDERGAST	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	ELIZABETH	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 / 11 / 96
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	8009-7004-US	COUNTRY:	IBX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	7037681293
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CITY: ALEXANDRIA

STATE/COUNTRY: VA ZIP: 223143327

EMAIL:

APPLICATION TITLES:

THERAPEUTIC FORMULATIONS CONTAINING VENOM OR VENOM ANTI-SERUM
EITHER ALONE OR IN COMBINATION FOR THE THERAPEUTIC PROPHYLAXIS
AND THERAPY OF NEOPLASMS

TAB TO LAST POSITION, PUSH SEND

SERIAL NUMBER 09/254,623	FILING DATE 07/08/99	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 8009-7004-US
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APPLICANT ELIZABETH SHANAHAN-PRENDERGAST, COUNTY KILDARE, IRELAND.

Dec
CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/025,179 09/11/96

371 (NAT'L STAGE) DATA***

VERIFIED THIS APPLN IS A 371 OF PCT/IB97/01091 09/10/97

FOREIGN APPLICATIONS***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/23/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IEX	SHEETS DRAWING 9	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 8
Verified and Acknowledged Examiner's Initials _____ Initials _____					

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TITLE	THERAPEUTIC FORMULATIONS CONTAINING VENOM OR VENOM ANTI-SERUM EITHER ALONE OR IN COMBINATION FOR THE THERAPEUTIC PROPHYLAXIS AND THERAPY OF NEOPLASMS
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FILING FEE RECEIVED \$905	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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